



# CUSTOMER COMPLAINT FORM

Please fill in this form completely, including your signature at the end of the form. A complaint number will be provided to you upon submission of this form. The Bank will only act on complaints that are signed by the complainant(s), legal guardian, attorney of complainant(s) along with their client's authorization, or holder of power of attorney.

Mail or fax this completed complaint form with any attachments to:

**Eastern Caribbean Amalgamated Bank**  
**1000 Airport Boulevard**  
**St. Georges, Antigua**  
**1-268-480-5433 (Fax)**

## YOUR INFORMATION

Salutation: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Other:	
First Name:		Middle Initial:	Last Name:
Street Address:			
City:	State:	Country:	
Home Phone:	Work Phone:		
Email:			
Account Number:			
Have you tried to resolve your complaint with the Bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, When?	How? Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Other <input type="checkbox"/>		
Contact Name:		Title:	
What is the best way to contact you? Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/>			
What is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			

## ADDITIONAL CONTACT INFORMATION

If you want us to communicate with someone else, such as a family member, attorney, or other person representing you about this complaint, then please provide your representative's information below. If you list someone else and sign this form, you allow us to communicate with and provide relevant information that is about you to that person.

Name of Representative:		
Relationship:		
Street Address		
City	State:	Country:
Phone:		

## COMPLAINT INFORMATION

---

Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). You should also include any response from the Bank. Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of paper if you need more space.

Please include *COPIES* of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the bank. **DO NOT SEND ORIGINAL DOCUMENTS.**

## DESIRED RESOLUTION

---

---

What action by the financial institution or company would resolve this matter to your satisfaction?

\_\_\_\_\_  
**CUSTOMERS SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Complaint No.**

\_\_\_\_\_  
**Date Received:**